
SUBSTITUTE HOUSE BILL 1693

State of Washington

58th Legislature

2003 Regular Session

By House Committee on Appropriations (originally sponsored by Representatives Cody, Skinner, Clibborn and Morrell; by request of Department of Social and Health Services)

READ FIRST TIME 03/04/03.

1 AN ACT Relating to direct care component rate allocation; and
2 amending RCW 74.46.508.

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

4 **Sec. 1.** RCW 74.46.508 and 1999 c 181 s 2 are each amended to read
5 as follows:

6 (1)((+a)) The department is authorized to increase the direct care
7 component rate allocation calculated under RCW 74.46.506(5) for
8 residents who have unmet exceptional care needs as determined by the
9 department in rule. The department may, by rule, establish criteria,
10 patient categories, and methods of exceptional care payment.

11 ~~((b) The department shall submit a report to the health care and~~
12 ~~fiscal committees of the legislature by December 12, 2002, that~~
13 ~~addresses:~~

14 ~~(i) The number of individuals on whose behalf exceptional care~~
15 ~~payments have been made under this section, their diagnosis, and the~~
16 ~~amount of the payments; and~~

17 ~~(ii) An assessment as to whether the availability of exceptional~~
18 ~~care payments resulted in more expedient placement of residents into~~
19 ~~nursing homes and fewer and/or shorter hospitalizations.))~~

1 (2)((~~a~~)) The department ((~~shall~~)) may by ((~~January 1, 2000~~)) July
2 1, 2003, adopt rules and implement a system of exceptional care
3 payments for therapy care.

4 ((~~i~~)) (a) Payments may be made on behalf of facility residents
5 who are under age sixty-five, not eligible for medicare, and can
6 achieve significant progress in their functional status if provided
7 with intensive therapy care services.

8 ((~~ii~~) Payment under this subsection is limited to no more than
9 twelve facilities that have demonstrated excellence in therapy care,
10 based upon criteria defined by rule. A facility accredited by the
11 commission for accreditation of rehabilitation facilities (CARF) shall
12 be deemed to meet the criteria for demonstrated excellence in therapy
13 care. However, CARF accreditation is not required for payment under
14 this subsection.

15 (~~iii~~)) (b) Payments may be made only after approval of a
16 rehabilitation plan of care for each resident on whose behalf a payment
17 is made under this subsection, and each resident's progress must be
18 periodically monitored.

19 ((~~b~~) The department shall submit a report to the health care and
20 fiscal committees of the legislature by December 12, 2002, that
21 addresses:

22 (~~i~~) The number of individuals on whose behalf therapy payments were
23 made under this section, and the amount of the payments; and

24 (~~ii~~) An assessment as to whether the availability of exceptional
25 care payments for therapy care resulted in substantial progress in
26 residents' functional status, more expedient placement of residents
27 into less expensive settings, or other long term cost savings.

28 (~~3~~) This section expires June 30, 2003.)

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